

## **CSAT GPRA Client Outcome Measures for Discretionary Programs**

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Public reporting burden for this collection of information is estimated to average 20 minutes per response if all items are asked of a client/participant; to the extent that providers already obtain much of this information as part of their ongoing client/participant intake or followup, less time will be required. Send comments regarding this burden estimate or any other aspect of this collection of information to SAMHSA Reports Clearance Officer, Room 16-105, 5600 Fishers Lane, Rockville, MD 20857. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. The control number for this project is 0930-0208.

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**Client ID** \_\_\_\_\_

<b>Contract/Grant ID</b>	_ _ _ _ _ _ _ _ _
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**Grant Year**

**Interview Date**

Month / Day / Year

## Interview Type

1. Intake      2. 6-month follow-up      3. 12-month follow-up      4. 3-month follow-up

### Service Type

**For intake interview: What service type *will* the client receive in your program?** (Check all that apply.)

\_\_\_\_\_ 1. Case Management  
\_\_\_\_\_ 2. Day Treatment  
\_\_\_\_\_ 3. Inpatient  
\_\_\_\_\_ 4. Outpatient  
\_\_\_\_\_ 5. Outreach  
\_\_\_\_\_ 6. Intensive Outpatient  
\_\_\_\_\_ 7. Methadone  
\_\_\_\_\_ 8. Residential  
\_\_\_\_\_ 9. Other \_\_\_\_\_  
\_\_\_\_\_ 10. Other \_\_\_\_\_  
\_\_\_\_\_ 11. Other \_\_\_\_\_

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## B. DRUG AND ALCOHOL USE

- |           |   |                       |
|-----------|---|-----------------------|
| <b>1.</b> | <b>During the past 30 days how many days have you used the following:</b> | <b>Number of Days</b> |
| a.        | Any alcohol   | _ _ _                 |
| b1.       | Alcohol to intoxication (5+ drinks in one sitting)                        | _ _ _                 |
| b2.       | Alcohol to intoxication (4 or fewer drinks in one sitting and felt high)  | _ _ _                 |
| c.        | Illegal drugs   | _ _ _                 |
- 
- |           |   |                       |
|-----------|---|-----------------------|
| <b>2.</b> | <b>During the past 30 days, how many days have you used any of the following:</b>   | <b>Number of Days</b> |
| a.        | Cocaine/Crack   | _ _ _                 |
| b.        | Marijuana/Hashish [Pot, Joints, Blunts, Chronic, Weed, Mary Jane]   | _ _ _                 |
| c.        | Heroin [Smack, H, Junk, Skag], or other opiates:  |                       |
|           | 1. Heroin [Smack, H, Junk, Skag]  | _ _ _                 |
|           | 2. Morphine   | _ _ _                 |
|           | 3. Diluadid   | _ _ _                 |
|           | 4. Demerol  | _ _ _                 |
|           | 5. Percocet   | _ _ _                 |
|           | 6. Darvon   | _ _ _                 |
|           | 7. Codeine  | _ _ _                 |
|           | 8. Tylenol 2,3,4  | _ _ _                 |
| d.        | Non-prescription methadone  | _ _ _                 |
| e.        | Hallucinogens/psychedelics, PCP [Angel Dust, Ozone, Wack, Rocket Fuel] MDMA [Ecstasy, XTC, X, Adam], LSD [Acid, Boomers, Yellow Sunshine], Mushrooms or Mescaline | _ _ _                 |
| a.        | Methamphetamine or amphetamines [Meth, Uppers, Speed, Ice, Chalk, Crystal, Glass, Fire, Crank]  | _ _ _                 |
| g.        | 1. Benzodiazepines: Diazepam (Valium); Alpeazolam (Xanax); Triazolam (Halcion); and Estazolam (Prosom and Rohypnol—also known as roofies, roche, and cope)        | _ _ _                 |
|           | 2. Barbiturates: Mephobarbital (Mebacut); and pentobarbital sodium (Nembutal)   | _ _ _                 |
|           | 3. Non-prescription GHB (known as Grievous Bodily Harm; Liquid Ecstasy, and Georgia Home Boy)   | _ _ _                 |
|           | 4. Ketamine (known as Special K or Vitamin K)   | _ _ _                 |
|           | 5. Other tranquilizers, downers, sedatives or hypnotics   | _ _ _                 |
| h.        | Inhalants [poppers, snappers, rush, whippets]   | _ _ _                 |
| i.        | Other illegal drugs (specify) _____   | _ _ _                 |
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- 3. In the past 30 days have you injected drugs?**      ☐ Yes    ☐ No  
If no, go to Section C.

4. **In the past 30 days, how often did you use a syringe/needle, cooker, cotton or water that someone else used?**
- ☐ Always
  - ☐ More than half the time
  - ☐ Half the time
  - ☐ Less than half the time
  - ☐ Never

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**C. FAMILY AND LIVING CONDITIONS**

1. **In the past 30 days, where have you been living most of the time?**
- ☐ Shelter (safe havens, TLC, low demand facilities, reception centers, other temporary day or evening facility)
  - ☐ Street/outdoors (sidewalk, doorway, park, public or abandoned building)
  - ☐ Institution (hospital, nursing home, jail/prison)
  - ☐ Housed:
    - ☐ Own/rent apartment, room, or house
    - ☐ Someone else's apartment, room or house
    - ☐ Halfway house
    - ☐ Residential treatment
    - ☐ Other housed (specify) \_\_\_\_\_
2. **During the past 30 days, how stressful have things been for you because of your use of alcohol or other drugs?**
- ☐ Not at all
  - ☐ Somewhat
  - ☐ Considerably
  - ☐ Extremely
  - ☐ Not applicable
3. **During the past 30 days, has your use of alcohol or other drugs caused you to reduce or give up important activities?**
- ☐ Not at all
  - ☐ Somewhat
  - ☐ Considerably
  - ☐ Extremely
  - ☐ Not applicable
4. **During the past 30 days, has your use of alcohol or other drugs caused you to have emotional problems?**
- ☐ Not at all
  - ☐ Somewhat
  - ☐ Considerably
  - ☐ Extremely
  - ☐ Not applicable

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**D. EDUCATION, EMPLOYMENT, AND INCOME**

1. Are you currently enrolled in school or a job training program? (IF ENROLLED: Is that full time or part time?)

- ☐ Not enrolled  
☐ Enrolled, full time  
☐ Enrolled, part time  
☐ Other (specify) \_\_\_\_\_

2. What is the highest level of education you have finished, whether or not you received a degree? (01=1st grade, 12=12th grade, 13=college freshman, 16=college completion)  
|\_|\_| level in years

- 2a. If less than 12 years of education, do you have a GED (General Equivalency Diploma)?

- ☐ Yes ☐ No

3. Are you currently employed? (Clarify by focusing on status during most of the previous week, determining whether client worked at all or had a regular job but was off work)

- ☐ Employed full time (35+ hours per week, or would have been )  
☐ Employed part time  
☐ Unemployed, looking for work  
☐ Unemployed, disabled  
☐ Unemployed, volunteer work  
☐ Unemployed, retired  
☐ Unemployed, not looking for work  
☐ Other (specify) \_\_\_\_\_

4. Approximately, how much money did YOU receive (pre-tax individual income) in the past 30 days from...

		INCOME					
a. Wages	\$				,		.00
b. Public assistance	\$				,		.00
c. Retirement	\$				,		.00
d. Disability	\$				,		.00
e. Non-legal income	\$				,		.00
f. Other (specify) _____	\$				,		.00

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## E. CRIME AND CRIMINAL JUSTICE STATUS

1. In the past 30 days, how many times have you been arrested? \_\_\_\_\_ times  
If no arrests, go to item E3.
2. In the past 30 days, how many times have you been arrested for drug-related offenses? \_\_\_\_\_ times
3. In the past 30 days, how many nights have you spent in jail/prison? \_\_\_\_\_ nights

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## F. MENTAL AND PHYSICAL HEALTH PROBLEMS AND TREATMENT

1. How would you rate your overall health right now?

- ☐ Excellent
- ☐ Very good
- ☐ Good
- ☐ Fair
- ☐ Poor

2. During the past 30 days, did you receive:

**a. Inpatient Treatment for:**

- |                                      | No                    | Yes ±                 | If yes, altogether<br>for how many nights<br>(DK=98) |
|--------------------------------------|-----------------------|-----------------------|--|
| i. Physical complaint                | <input type="radio"/> | <input type="radio"/> | _____  |
| ii. Mental or emotional difficulties | <input type="radio"/> | <input type="radio"/> | _____  |
| iii. Alcohol or substance abuse      | <input type="radio"/> | <input type="radio"/> | _____  |

**b. Outpatient Treatment for:**

- |                                      | No                    | Yes ±                 | If yes, altogether<br>for how many times<br>(DK=98) |
|--------------------------------------|-----------------------|-----------------------|---|
| i. Physical complaint                | <input type="radio"/> | <input type="radio"/> | _____   |
| ii. Mental or emotional difficulties | <input type="radio"/> | <input type="radio"/> | _____   |
| iii. Alcohol or substance abuse      | <input type="radio"/> | <input type="radio"/> | _____   |

**c. Emergency Room Treatment for:**

- |                                      | No                    | Yes ±                 | If yes, altogether<br>for how many times<br>(DK=98) |
|--------------------------------------|-----------------------|-----------------------|---|
| i. Physical complaint                | <input type="radio"/> | <input type="radio"/> | _____   |
| ii. Mental or emotional difficulties | <input type="radio"/> | <input type="radio"/> | _____   |
| iii. Alcohol or substance abuse      | <input type="radio"/> | <input type="radio"/> | _____   |

**3. During the past 30 days, did you engage in sexual activity?**

- ☐ Not permitted to ask      ☐ Yes      ☐ No

**If yes, altogether  
how many  
(DK=98)**

- |   |               |
|---|---------------|
| a. Sexual contacts (vaginal, oral, or anal) did you have?             | _ _ _ _ _ _ _ |
| b. Unprotected sexual contacts did you have? If none, go to item F4.  | _ _ _ _ _ _ _ |
| c. Unprotected sexual contacts were with an individual who is or was: |               |
| i. HIV positive or has AIDS   | _ _ _ _ _ _ _ |
| ii. An injection drug user  | _ _ _ _ _ _ _ |
| iii. High on some substance   | _ _ _ _ _ _ _ |

**4. In the past 30 days (not due to your use of alcohol or drugs) how many days have you:**

Number of days

- |   |               |
|---|---------------|
| a. Experienced serious depression                                   | _ _ _ _ _ _ _ |
| b. Experienced serious anxiety or tension                           | _ _ _ _ _ _ _ |
| c. Experienced hallucinations                                       | _ _ _ _ _ _ _ |
| d. Experienced trouble understanding, concentrating, or remembering | _ _ _ _ _ _ _ |
| e. Experienced trouble controlling violent behavior                 | _ _ _ _ _ _ _ |
| f. Attempted suicide  | _ _ _ _ _ _ _ |
| g. Been prescribed medication for psychological/emotional problem   | _ _ _ _ _ _ _ |

**4a. If you reported one or more days in question 4, how much have you been bothered by these psychological or emotional problems in the past 30 days? (If you did not report any days to the items in question 4, skip to the next question.)**

- ☐ Not at all  
☐ Slightly  
☐ Moderately  
☐ Considerably  
☐ Extremely

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**H. DEMOGRAPHICS (ASKED ONLY AT BASELINE)**

**1. Gender**

- ☐ Male  
☐ Female  
☐ Transgender  
☐ Other (specify) \_\_\_\_\_

**2. Are you Hispanic or Latino?**

- ☐ Yes      ☐ No

**If yes, what ethnic group do you consider yourself?**

- ☐ Central American  
☐ Cuban  
☐ Dominican  
☐ Mexican





- progress
- ☐ 09 = Incarcerated due to old warrant or charged from before entering treatment with satisfactory progress
  - ☐ 10 = Incarcerated due to old warrant or charged from before entering treatment with unsatisfactory progress
  - ☐ 11 = Transferred to another facility for health reasons
  - ☐ 12 = Death
  - ☐ 13 = Other
- 

**3. During the course of treatment in your project, what types of services did the client receive?**  
 (Check all that apply and tell how many weeks the client spent in each service.)

- |                               |             |  |
|-------------------------------|-------------|--|
| _____ 1. Case Management      | _____ weeks |  |
| _____ 2. Day Treatment        | _____ weeks |  |
| _____ 3. Inpatient            | _____ weeks |  |
| _____ 4. Outpatient           | _____ weeks |  |
| _____ 5. Outreach             | _____ weeks |  |
| _____ 6. Intensive Outpatient | _____ weeks |  |
| _____ 7. Methadone            | _____ weeks |  |
| _____ 8. Residential          | _____ weeks |  |
| _____ 9. Other _____          | _____ weeks |  |
| _____ 10. Other _____         | _____ weeks |  |
| _____ 11. Other _____         | _____ weeks |  |